Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Efféctive October 1, 2003

1-												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALLE	NTITY	OR	OTHER SMALL	R THAN ENTITY
-	TOTAL CLAIM:	15				-	RATE	FEE	7	RATE	FEE	
F	OR	NUMBER FILED.		NUMBER EXTRA		ľ	BASIC FE	385.00	OR	BASIC FEE	770.00	
	OTAL CHARGE	ABLE CLAIMS	17 minus 20=		* \$			X\$ 9=		OR	:X\$18=	
11	IDEPENDENT (CLAIMS	3 minus 3 =		* %	,		X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	PRÉSENT	RESENT				+145=			+290=	
* If the difference in column 1 is less than zero, enter						column 2	,	TOTAL		OR	TOTAL	770
	CLAIMS AS AMENDED - PART II							•	CNTITY	_	OTHER	THAN
 		(Column 1) CLAIMS	·	(Colun			1 .	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	THIST PHESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	لسليا		·+145=		OR	+290=	
	٠.						L	TOTAL DDIT. FEE			TOTAL ADDIT, FEE	
		(Column 1)		· (Colum	n 2)	(Column 3)	·			-		
AMENDMENT B	1 8 9	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	4-4		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus ⁻	***		Ξ		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM	М				1011		
- 										OR	+290=	
							А	TOTAL DOIT, FEE L		OR ,	TOTAL ODIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT:		HIGHE NUMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	·	RATE [ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	4-4-		::		X\$ 9=		OR	X\$18=	
	Independent	4	Minus	g (g) de		=	-	X43=		OR F	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OF .		
4 14	the cotton is material	in this land them the	onto in out	no O wello "d)" in ant	4110 J		+145=		OR .	+290=	
ir	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DOIT FEE	
		ier Proviously Paid					found	in the appro	priate box	in colur	un 1.	